

STATE OF SOUTH CAROLINA  
COUNTY OF BERKELEY

PROBATE COURT

IN THE MATTER OF

CASE NUMBER

APPLICATION FOR

(check any that apply)

INFORMAL

☐ PROBATE OF WILL

☐ APPOINTMENT

PETITION FOR

FORMAL

☐ TESTACY

☐ APPOINTMENT

Applicant/Petitioner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-Mail: \_\_\_\_\_

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

1. Nature of interest of undersigned:

2. Decedent Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Age at date of death: \_\_\_\_\_

Domicile at date of death: \_\_\_\_\_

(County)

(State)

3. Venue for this proceeding is proper in this county because:

☐ Decedent was domiciled in this county at date of death.

☐ Decedent was not domiciled in South Carolina, but property of Decedent was located in this county at date of death.

☐ Decedent has a right to take legal action in this county because:

4a. Names and addresses of devisees, including dates of birth of minors:

Name	Date of Birth	Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

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4b. Names and addresses of intestate heirs who are not devisees, including dates of birth of minors:

Name	Date of Birth	Address	Relationship to Decedent

5. Did decedent have any change of marital status or the birth or adoption of any children after execution of the Will (if one exists), or has any child of the decedent been born since his death, or is any birth of a child of the decedent anticipated? (This includes illegitimate children.)  
☐ NO ☐ YES If yes, please explain on page 3.
6. To the best of your knowledge, was the decedent a patient in a South Carolina Mental Health facility during his/her lifetime?  
☐ NO ☐ YES If yes, please explain on page 3.
7. Has a guardian or conservator ever been appointed for this person?  
☐ NO ☐ YES If yes, please explain on page 3.
8. Has a personal representative of the decedent been appointed prior to this date in this state or elsewhere?  
☐ NO ☐ YES If yes, please state details, including name and address of such Personal Representative, on page 3.
9. Have you received or are you aware of any demands for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere?  
☐ NO ☐ YES If yes, please state details, including names and addresses, on page 3.
10. Have more than ten years passed since the decedent's death?  
☐ NO ☐ YES If yes, please state circumstances authorizing tardy probate on page 3.
11. The decedent died with a personal estate of about the value of \$ \_\_\_\_\_ and real estate of about the value of \$ \_\_\_\_\_. (A full inventory and appraisal, Form #350PC, must be filed within 90 days.)  
If decedent was a non-resident, please attach South Carolina Tax Commission Form ET 101.
12. After the exercise of reasonable diligence, are you aware of any unrevoked will and/or codicil(s), other than the one(s) attached hereto, relating to property in this State?  
☐ NO ☐ YES If yes, please explain on page 3 and then proceed to Section II.

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**II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.**

1. Regarding the decedent's will:  
☐ the original is attached  
☐ the original is in the Court's possession  
☐ an authenticated copy of a will probated in another jurisdiction is attached  
☐ an authenticated copy of a will not probated in another jurisdiction is attached  
☐ the will is lost, destroyed, or otherwise unavailable; however, a description of its contents is attached
2. Do you believe, to the best of your knowledge, the will described above was validly executed?  
☐ YES ☐ NO If no, please explain below.
3. The date of execution of the will was: \_\_\_\_\_.  
codicil(s): \_\_\_\_\_.
4. Are you aware of any instrument or document amending or revoking the will?  
☐ NO ☐ YES If yes, please explain below.
5. Have you exercised reasonable diligence to determine there is no instrument or document revoking the will?  
☐ YES ☐ NO If no, please explain below.
6. Do you believe the will defined in "1" above is the decedent's last will?  
☐ YES ☐ NO If no, please explain below.

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I AND II HERE.  
(If more space is required, use additional sheet.)

CASE NUMBER:

**III. IF APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.**

1. The name(s) and address(es) of the proposed Personal Representative(s) is/are:
  
  
  
  
  
2. The nominee's priority of appointment is as follows:  
☐ named as Primary Personal Representative in will or nominee of Primary Personal Representative  
☐ named as Alternate Personal Representative in will or nominee of Alternate Personal Representative  
☐ surviving spouse of decedent who is devisee of decedent or nominee of said spouse  
☐ other devisee of decedent (describe): \_\_\_\_\_ or nominee of said devisee  
☐ surviving spouse of decedent or nominee of said spouse  
☐ other heir of decedent (describe): \_\_\_\_\_ or nominee of said heir  
☐ creditor (forty-five days after death must have passed) or nominee of creditor  
☐ other (describe): \_\_\_\_\_  
☐ nominee of any of the above
  
3. List below the names of any other persons, if any, having a prior or equal right of appointment (see priority above).

**IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.**

**VERIFICATION**

The undersigned, being sworn, states that the facts set forth in the fore-going statement are true to the best of the undersigned's knowledge, information and belief; and hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this \_\_\_\_\_

Signature: \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_.

Name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

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**ORDER OF INFORMAL PROBATE**

**IT IS HEREBY ORDERED** that the above application for probate of a will be ☐ **GRANTED** ☐ **DENIED** informally this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Francis M. Kirk, Probate Court Judge

CASE NUMBER:

**ORDER FOR HEARING ON FORMAL PETITION**

**IT IS HEREBY ORDERED** that a hearing on this matter be set for:

DATE:

TIME:

PLACE:

Pursuant to Section 62-1-401, the petitioner is ordered to give notice of this hearing to all interested persons at least twenty (20) days prior to the hearing.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Francis M. Kirk, Probate Court Judge

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**ORDER OF FORMAL TESTACY**

On hearing of the above petition, this Court finds that the person is deceased, venue is proper, and the proceeding was commenced within appropriate time limits.

The Court further finds that:

☐ the decedent died intestate. The heirs are:

☐ the decedent died testate. IT IS THEREBY ORDERED that the Last Will and Testament of the above-named decedent, dated \_\_\_\_\_, be admitted formally to probate.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Francis M. Kirk, Probate Court Judge

☐ SEE ATTACHED ORDER

**ORDER OF APPOINTMENT**

**IT IS HEREBY ORDERED** that the above application/petition for appointment be granted upon the filing of a bond as appropriate, qualification and acceptance.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Francis M. Kirk, Probate Court Judge

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**QUALIFICATION AND STATEMENT OF ACCEPTANCE**

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_